CITY OF HARRISONBURG

Department of Community Development Building Inspection Division 409 South Main Street, P.O. Box 20031

Harrisonburg, Virginia 22801-7531

Telephone No. 540-432-7700 Fax No. 540-432-7777

ROOFING PERMIT APPLICATION

	111	JOI IIVO I EINWII I	11 1 210/1	11011		
Owner:						
Name:						
Mailing A	ddress					
City		State				
Zip Code	e Tele No					
Work: _	_ Contracte	ed By Perfor	med By	Super	vised By	
Name:						
Mailing A	ddress					
City				State		
Zip Code						
TYPE OF ROOFING						
ASPHAL	T SHINGLE	ES _	CEDAR	SHAKES		
FIBER G	LASS SHIN	NGLES	SLATE		_	
MODIFIE	D BITUME	N	METAL		_	
SINGLE PLY MEMBRANE BUILT-UP						
CLAY TILE						
LOCATIO	ON:					
House Number(s)						
Street Na						
Sheet		Block	Lot(s)		
IS THIS A SINGLE FAMILY DWELLING?YESNO						
IS THE OLD ROOF BEING REMOVED?YES					NO	
HAS ROOF BEEN INSPECTED FOR ASBESTOS?YESNO						
ASBESTOS REPORT SUBMITTED TO BUILDING INSPECTION OFFICE?YESNO					NO	
	2011					
NOTE: For further information see attached Asbestos						
	Regulations	s Compliance form.				

Supplement to Bui	ilding Permit No:
	Class "A" No:
BOCA	Class "B" No:
CABO	Class "C" No:
Harrisonburg Busin	ess License No:
Present Use	
Proposed Use	
Brief Description and Remark	XS .
Estimated Total Value of Roo Including Value of Materials a	
Code	Fee
Owner's consent and I ad application and the stateme	oposed work will be done with the cknowledge that I have read this nts hereon and agree that the work done as stated.
Owner/Lessee	
Agent	
	IING WORK PLEASE SIGN THE NG STATEMENT
and that he will personally further states that the wor	ates that he is to perform the work purchase materials. The owner rk shall be in accordance with the ed affidavit.
AFFIDAVIT FILED ON	
Owner's Signature	
Building	Approved Denied
Building Signature	

Building Permit No: _____